

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/04/686

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5	1						55						
6		1					56						
7							57						
8		1					58						
9	1						59						
10		1					60						
11							61						
12		1					62						
13	1						63						
14		1					64						
15							65						
16		1					66						
17	1						67						
18		1					68						
19							69						
20	1						70						
21		1					71						
22							72						
23		1					73						
24	1						74						
25		1					75						
26							76						
27	1						77						
28		1					78						
29	1						79						
30		1					80						
31							81						
32		1					82						
33							83						
34		1					84						
35							85						
36		1					86						
37							87						
38		1					88						
39							89						
40		1					90						
41							91						
42		1					92						
43							93						
44		1					94						
45							95						
46		1					96						
47							97						
48		1					98						
49							99						
50		1					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						

33
339

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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